

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                                                             |                                                                    | Attorney Do                                                          | ocket No: PD                                                            | -201031                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                                                             |                                                                    |                                                                      | Original Continuati Division Continuati Suppleme                        | on-in-Part                           |  |
| As a below named inve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                                                             |                                                                    |                                                                      |                                                                         |                                      |  |
| My residence, post offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ce address and                                                                 | citizenship are as state                                                                                                                                    | below next t                                                       | o my name.                                                           |                                                                         |                                      |  |
| inventor (if nlural name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s are listed belo                                                              | e inventor (if only one na<br>low) of the subject matte<br>IT PROXYING ENHANC                                                                               | which is cial                                                      | elow) or an or<br>ned and for wh                                     | iginal, first and<br>nich a patent i                                    | d joint<br>s sought o                |  |
| was f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ached hereto.<br>iled on a                                                     | s Application Serial No.                                                                                                                                    |                                                                    |                                                                      |                                                                         |                                      |  |
| I hereby state that I ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ve reviewed and<br>v an amendmer                                               | d understand the conter<br>It referred to above.                                                                                                            | is of the abov                                                     |                                                                      |                                                                         |                                      |  |
| be material to patentat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oility as defined                                                              | the United States Paten<br>in Title 37, Code of Fed                                                                                                         | erai Regulatio                                                     | ns, 91.56.                                                           |                                                                         |                                      |  |
| patent or inventor's cer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rtificate, or 365(<br>States of Americ<br>rtificate, or of ar                  | under 35 U.S.C. §§119<br>a) of any PCT internation<br>ca, listed below and have<br>any PCT international app<br>d:                                          | nai applicatio<br>e also identifi                                  | n that designated below any fe                                       | preign applica<br>before that of                                        | tion(s) for                          |  |
| Foreign Application<br>Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country                                                                        | Foreign Filing I<br>(MM/DD/YYY                                                                                                                              |                                                                    | Priority Claimed                                                     |                                                                         | Certified Copy<br>Attached           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                                                             | ☐ Ye                                                               | s 🗌 No                                                               | ☐ Yes                                                                   | ☐ No                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                                                             | ☐ Ye                                                               | s 🗌 No                                                               | ☐ Yes                                                                   | ☐ No                                 |  |
| I hereby claim the ben                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | efit under 35 U                                                                | .S.C. §119(e) of any Un                                                                                                                                     | ed States pro                                                      | ovisional applic                                                     | cation(s) listed                                                        | l below:                             |  |
| Application Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er Fi                                                                          | Filing Date (MM/DD/YYYY)                                                                                                                                    |                                                                    |                                                                      |                                                                         |                                      |  |
| 60/271,405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | February 26, 2001                                                                                                                                           |                                                                    |                                                                      |                                                                         |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                                                                             |                                                                    |                                                                      |                                                                         |                                      |  |
| international application each of the claims of the manner provided leading and Training and Tra | on designating this application by the first parademark Office ecame available | .S.C §120 of any United the United States of Am is not disclosed in the p graph of 35 U.S.C. §112 all information known to be between the filing date tion: | rica, listed be<br>for United Sta<br>, I acknowled<br>me to be mat | elow and, insolutes or PCT intage in the duty to erial to patentage. | ar as the subj<br>ernational app<br>disclose to the<br>ability as defin | olication in<br>e United<br>ed in 37 |  |
| U.S. Parent Application or Parent PCT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                                                                             |                                                                    | De                                                                   | atent Number                                                            |                                      |  |
| POT Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | Filing Date (MM/D                                                                                                                                           | D/YYYY)<br>                                                        |                                                                      | if applicable)                                                          |                                      |  |
| PCT Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | Filing Date (MM/D                                                                                                                                           | D/YYYY)<br>                                                        |                                                                      |                                                                         |                                      |  |

lookrad. Certi

DECLARATION/POWER OF ATTORNEY

Page 2 of 2

Attorney Docket No: PD-201031

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John T. Whelan Craig L. Plastrik Michael W. Sales Registration No. 32,448 Registration No. 41,254 Registration No. 30,213

## **Correspondence Address:**

Name:

Hughes Electronics Corporation Patent Docket Administration

Address:

P.O. Box 956

Bldg. 1, Mail Stop A109

City/State/Zip:

El Segundo, CA 90245-0956

Country:

USA

Telephone: 301-428-5965

Facsimile: 301-428-2802

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

|                                                  |                       | 1           |                   |  |  |  |  |  |
|--------------------------------------------------|-----------------------|-------------|-------------------|--|--|--|--|--|
| Full Name of Sole or Joint Inventor:             | Inventor's Signature: |             | Date: $2/22/2002$ |  |  |  |  |  |
| Douglas Dillon                                   | Toug Dollar           |             |                   |  |  |  |  |  |
| Residence (City and State)                       |                       | Citizenship |                   |  |  |  |  |  |
| Gaithersburg, Maryland                           |                       | USA         |                   |  |  |  |  |  |
| Residence Address (Street/City/State/Zip)        |                       |             |                   |  |  |  |  |  |
| 1 Bell Bluff Court, Gaithersburg, Maryland 20879 |                       |             |                   |  |  |  |  |  |
| Full Name of Joint Inventor:                     | Inventor's Signature: |             | Date:             |  |  |  |  |  |
| Frank Kelly                                      | 11 11 Kl 1            |             | 2/22/2002         |  |  |  |  |  |
| Residence (City and State)                       | Citizenship           |             |                   |  |  |  |  |  |
| Walkersville, Maryland                           | USA                   |             |                   |  |  |  |  |  |
| Residence Address (Street/City/State/Zip)        |                       |             |                   |  |  |  |  |  |
| 205 Tylerton Court, Walkersville, Maryland 21793 |                       |             |                   |  |  |  |  |  |
| Full Name of Joint Inventor:                     | Inventor's Signature: |             | Date:             |  |  |  |  |  |
| Residence (City and State)                       |                       |             | Citizenship       |  |  |  |  |  |
| Residence Address (Street/City/State/Zip)        |                       |             |                   |  |  |  |  |  |
| Full Name of Joint Inventor:                     | Inventor's Signature: |             | Date:             |  |  |  |  |  |
| Residence (City and State)                       |                       |             | Citizenship       |  |  |  |  |  |
| Residence Address (Street/City/State/Zip)        |                       |             |                   |  |  |  |  |  |
|                                                  |                       |             |                   |  |  |  |  |  |